## **Delaware Department of State STEP Client Application for Small Businesses**



Download the application and save it on your computer <u>before</u> completing and remember to save your work periodically as you complete the form.

### **ELIGIBILITY**

I certify that the goods or services my organization will promote on this STEP funded initiative are of U.S. origin OR have at least 51% U.S. content.

Yes

I certify that my company meets the SBA size standard

Yes

See: https://www.sba.gov/managing-business/running-business/size-standards

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Please	include	primary	and se	<i>condarv</i>	ı (i	f applicable)	contact in	formation here.
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Please II	nciuae primary ana seconaary (if a	ippiicabie) contac	t information nere.	
Compa	ny Name		Trade Name/DBA	
Addres	s Line 1			
Addres	s Line 2			
City			State	Zip Code
Websit	e			
Primary	y Contact			
	First Name		Last Name	
Job Titl	e			
Direct F	Phone	Ext.	Cell Phone	
Email				

### **Secondary Contact**

First Name Last Name

Job Title

**Direct Phone** Ext. Email



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#### **COMPANY INFORMATION**

For reporting purposes, please advise if company ownership identifies with any of the following groups. Ownership is defined as an individual who owns not less than 51% of the firm.

Black American Rural

Service-disabled veteran Hispanic American

Native American Veteran

Asian Pacific Americans Woman

**Subcontinent Asian Americans** 

Other minority group as defined by the federal government; please describe:

(No export experience at all; only "accidental" or "novice" exporting experience; or no export Are you: New to Export?

experience within 24 months.)

Market Expansion? (Currently exporting to one or more markets and seeking to expand into new country market(s); or

expand into a new region or new segment or new product line within an existing market.)

NAICS code: **HS Codes:** 

How long have you been in business?

Describe the product/services you intend to export and their positioning (i.e. price vs. quality vs. value).

How are you currently selling these products to customers in the U.S.? (e.g. in-house sales force, commission agents, distributor/wholesaler/retailer channels, direct to end-users, internet/online sales, specialty/other).

Describe your target export markets/customers and your "unique selling proposition" for each.



**FY20** 

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Total number of employees	Total number i	n Delaw	are	
Annual Sales	Currently Expo	rt	Yes	No
Current Export Sales	Export Sales Go	oal for N	lext Year	
% of Total Sales from Export	Years of Export	Experie	ence	
From which countries have you had inquiries about po	tential internatio	nal sale	s?	
Do you currently have an export plan?	Yes	No		
To which countries do you currently export?				
Do you have a country or region of interest for growth	or expansion?			
What are your company's three top export challenges,	in order of prior	ity? (i.e.	#1, #2, #3)	

**FY20** 

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**Are you interested in participating in a business trip with the State of Delaware?** If so, please indicate the initiative for which you are interested in applying for funds.

Please check all that apply and indicate the type(s) of contacts you would like for each (i.e. Representative; Licensee/Franchisee; Wholesaler; Distributor; Retailer; Joint Venture Partner; Direct Sales; Other/not sure, please specify).

Independent Export Initiative	Export Sales Training
Sweden/Denmark	ExporTech
France	Global Supplier Diversity Training
UAE	Website Internationalization
Virtual Trade Mission (please list countries):	

Please attach a separate note if you have any additional information for any of your target markets, such as direct competitors you know of in that market, complimentary products offered by target customers, companies you'd like to be put in contact with (or NOT to be contacted) and why, and any clarifying information about your ideal contact (e.g. you believe that warehousing or service capabilities are key).

If you are applying for an Independent Export Initiative (a trade show, business trip or website globalization) that you wish to conduct on your own, please describe below.

If you are applying for Website Globalization, please provide a cost estimate:

Please provide an estimate of the funds you need to support this trip in the itemized format below. <u>This information is required and determines how much you will be awarded.</u> You will be awarded no more than 50% of your eligible expenses.

	<b>DESTINATION AND DATES</b> (Please list each city. If applying for a trade show, include the name of the show.)	MISC EXPENSES (airport parking, baggage fees, in-country transport)	HOTEL	FLIGHT (coach class)	OTHER (exhibitor booth)
TRIP 1					
TRIP 2					
TRIP 3					
TRIP 4					
TRIP 5					



## **FY20**

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Any Delaware company accepted to participate in a trade mission with the State of Delaware shall reimburse the State for all costs incurred on the company's behalf in the event the company fails to participate in the trade mission.

I hereby certify that all information provided in this document, as well as any accompanying documents, are true and complete.

My signature below confirms that my company complies with Buy American laws and Hire American requirements of Executive Order 13788.

Signature			
Full Name			
Job Title			
Date			

The US Small Business Administration (SBA) would like to give eligible small business concerns the opportunity to expand your knowledge and resources of other export programs that are offered by the agency and other federal agencies. Please check the appropriate box if you would like your company's name and contact information to be shared with other relevant agencies to learn more about federal export programs. Your choice to participate or not will not change the status of your participation with STEP. SBA's aim is strictly to share information about other opportunities with you.

Yes No





### SELF-REPRESENTATION AS AN 'ELIGIBLE SMALL BUSINESS CONCERN

The undersigned seeks services from a State grant recipient under the Trade Facilitation and Trade Enforcement Act of 2015 (HR 644) which authorized the State Trade Expansion Program (STEP).

Section 503 of the Trade Facilitation and Trade Enforcement Act of 2015 defines the term 'eligible small business concern,' as a business concern that:

- 1. Is organized or incorporated in the United States;
- 2. Is operating in the United States,
- 3. Meets
  - a. The applicable industry-based small business size standard established under section 3 of the Small Business Act; or
  - b. The alternate size standard applicable to the program under section 7(a) of the Small Business Act and the loan programs under title V of the Small Business Investment Act of 1958 (15 U.S.C. 695 et seq.);

The U.S. Small Business Administration (SBA) size standards are found at 13 C.F.R. Part 121. Use the following sba.gov link for information on size standards for your business (https://www.sba.gov/category/navigation-structure/contracting/contracting-officials//small-business-size-standards)

- 4. Has been in business for not less than 1 year, as of the date on which assistance using a grant under this subsection commences; and
- 5. Has access to sufficient resources to bear the costs associated with trade, including the costs of packing, shipping, freight forwarding, and customs brokers.

The undersigned certifies that this is an export ready U.S. company seeking to export goods or services of U.S. origin or have at least 51% U.S. content.

Submitting false information in order to obtain services from a STEP grant recipient is a violation of Federal law. If you submit false information the Government may seek criminal, civil, and/or administrative remedies against you, pursuant to 18 U.S.C. §§ 1001, 1040; and 31 U.S.C. §§ 3729-3733. The Government may elect to exclude you from further participation in certain Federal programs and contracts if you submit false information in connection with receiving services from a STEP grant recipient.

I hereby certify that the business I represent is seeking services from a STEP grant recipient and is an eligible small business concern,\* pursuant to the above definition.

SIGNATURE	DATE
TITLE	COMPANY NAME